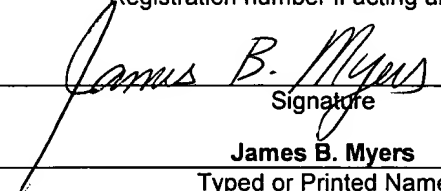




Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Docket Number (Optional) | |
|--|---|---|--------------------|
| Application Number | 09/923,117 | Filed | August 6, 2001 |
| For | William F. MCKAY OSTEOGENIC PAST COMPOSITIONS AND USES THEREOF | | |
| Art Unit | 3732 | Examiner | Bonderer, David A. |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | |
| <input type="checkbox"/> One month [37 CFR 1.17(a)(1)] | \$120 | \$60 | \$ _____ |
| <input type="checkbox"/> Two months [37 CFR 1.17(a)(2)] | \$450 | \$225 | \$ _____ |
| <input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)] | \$1020 | \$510 | \$ <u>1020</u> |
| <input type="checkbox"/> Four months [37 CFR 1.17(a)(4)] | \$1590 | \$795 | \$ _____ |
| <input type="checkbox"/> Five months [37 CFR 1.17(a)(5)] | \$2160 | \$1080 | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> Applicant/inventor. | | | |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>42,021</u> | | | |
| <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____ | | | |
|  _____ Signature | | <u>February 25, 2005</u> _____ Date | |
| James B. Myers _____ Typed or Printed Name | | (317) 634-3456 _____ Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below. | | | |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. | | | |

03/02/2005 MAHMED1 00000042 09923117

02 FC:1253

1020.00 OP